

PROVIDENCE ATHLETIC ASSOCIATION

PAYMENT PLAN REQUEST FORM

PLAYER INFORMATION – (PLEASE PRINT LEGIBLY)

LAST NAME: _____ FIRST NAME _____ D.O.B. ____/____/____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

ORGANIZATION: PROVIDENCE ATHLETIC ASSOCIATION

FLAG _____ MINOR _____ JUNIOR _____ SENIOR _____

APPLICANT(S) INFORMATION (PERSON COMMITTING TO AGREEMENT TO PAY AS OUTLINED BELOW)

Applicant Full Name	Applicant 2 Full Name
Relationship to Player	Relationship to Player
Home Phone	Home Phone
Cell or Work Phone	Cell or Work Phone
**Email Address	**Email Address
Street Address	Street Address
City, State, Zip	City, State, Zip

PAYMENT PLAN ARRANGEMENTS

AMOUNT OWING: _____

PAYMENT PLAN: – PLEASE DOCUMENT PAYMENT ARRANGEMENT IN THE BOX BELOW.

NOTE: AMOUNT OWING NOTED ABOVE MUST BE PAID IN FULL BEFORE 08/15/2010 OR PLAYER WILL NOT BE ISSUED PROTECTIVE PADS OR UNIFORM

THE PREFERRED PAYMENT PLAN SCHEDULE IS EQUAL PAYMENTS PAID ON AT LEAST A MONTHLY BASIS UNTIL BALANCE IS FULFILLED. HOWEVER, ALL PLANS WILL BE CONSIDERED BY PAA TREASURER.

PLAN ACCEPTED: YES / NO (SIGNATURE OF TREASURER)

ALL INFORMATION ON THIS FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I FULLY AGREE TO THESE PAYMENT TERMS AND UNDERSTAND THAT IF I DO NOT COMMUNICATE ANY NECESSARY CHANGES TO THIS PLAN OR FAIL TO FOLLOW THROUGH WITH MY COMMITMENT AS OUTLINED ABOVE TO THE TREASURER IT COULD RESULT IN MY CHILD NOT BEING ABLE TO PARTICIPATE UNTIL SUCH TIME THAT THE PRESIDENT AND/OR TREASURER DEEM THAT AN ACCEPTABLE AGREEMENT HAS BEEN MADE.

SIGNATURE OF PARENT / GUARDIAN: _____ PRINT NAME: _____ DATE _____

SEND FORM TO:
PROVIDENCE ATHLETIC ASSOCIATION
ATTENTION: TREASURER
P.O. Box 36682
RICHMOND, VA 23235